

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1942

Registration District No. 235

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3134

State File No. 3314

Registrar's No. 248

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
122 1/2 W. Reed St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years
years, months or days

3. (a) PRINT FULL NAME Jacob L. Owens

3. (b) If veteran, name war ☒ 3. (c) Social Security No. ☒

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased August 3rd 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 4 16 hr. min.

9. Birthplace Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired pipe fitter

11. Industry or business Wabash RR.

12. Name Jacob Owens

13. Birthplace Va
(City, town, or county) (State or foreign country)

14. Maiden name Betty Sherwood

15. Birthplace Va
(City, town, or county) (State or foreign country)

16. (a) Informant H. T. Owens

(b) Address Moberly Mo.

17. (a) Burial (b) Date thereof Dec 20 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo.

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo.

19. (a) Dec 20-41 (b) Anna Kovic
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 122 1/2 W. Reed St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19th
year 1941 hour 3 minute 30 AM.

21. I hereby certify that I attended the deceased from Dec 1st
1941 to Dec 19 1941
that I last saw him alive on Dec 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Cancer of left kidney

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death) 52a

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Paul C Davis (M. D. or other) M.D.
Address Moberly, Mo. Date signed 12/19/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED.

District Health Officer No. 10

District File Number 1-42-116

Date Filed JAN 15 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address *Moberly Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.